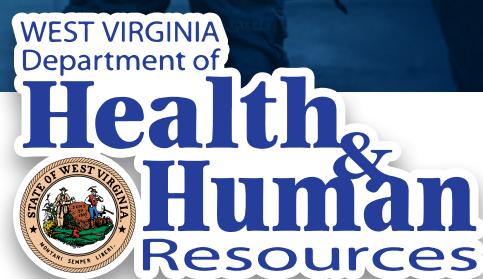


West Virginia Schools Re-entry Toolkit

COVID-19 GUIDANCE



JULY 8, 2020

MESSAGE FROM THE SUPERINTENDENT

Dear Colleagues, Families and Friends,

The COVID-19 pandemic has disrupted life as we know it. In a matter of weeks, the infrastructure of our daily routines was shattered and most of us retreated to our homes. School service personnel stayed on their jobs as Governor Jim Justice closed our schools and ordered the continuation of meal distribution for more than 265,000 children.

Our counties stepped up in ways we never could have imagined or predicted to feed and keep our children engaged academically. However, the fact remains that there is no substitute for in-person participation in school. Students need to be in school, and teachers need to be teaching them. For too many of our children, this is more than a convenience because school is their survival zone. It is where they are fed, taught, nurtured, protected and prepared for life's journey. Some may say this is not the role of our school system, but the opioid epidemic and substance abuse crisis we were facing well before the COVID-19 pandemic dictated that the role of education change. Unfortunately, we have yet to recover from either.

While returning to school is extremely important, if it is done, it must be in the safest way possible. The [American Academy of Pediatrics](#) and the [Journal of the American Medical Association](#) have issued guidance and research reinforcing the importance of reopening school, yet the ever-changing course of the virus may require the need to pivot. The uncertainties of COVID-19 and what it will look like in the fall make it difficult to plan. Difficult, but not impossible. The scenarios and resources in this toolkit are designed to give schools, boards of education and local health departments flexibility in making decisions that best serve their students.

To our parents and broader community, we understand that there are concerns and questions. We are working to address those concerns as best as possible. As a community, if we participate in best health practices in school, at home and in our daily lives, we can reduce the spread of the disease.

Until we are able to return to a more traditional, long-term school schedule, we will have to take the necessary steps to guard our health. This toolkit will assist in these efforts.

I am especially grateful to Governor Jim Justice, Dr. Clay Marsh, Secretary Bill Crouch, the West Virginia Board of Education and all of the partnering organizations that have participated and continue to support the state's public schools. Their guidance, insight, expertise and commitment to our children has been extremely helpful during this process.



W. Clayton Burch
West Virginia Superintendent of Schools

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RETURN TO SCHOOL

The guidance in this document is subject to change as additional information about the spread and prevention of COVID-19 is known. New directives from Governor Jim Justice and public health officials may be forthcoming and may evolve prior to the start of the school year or during the school year. County boards of education must be prepared to alter their learning plans to comply with any new directives and to best safeguard student health and learning needs.

Separate and apart from this document, there are outstanding issues that have yet to be determined. When we are able to return to school, it is vital that re-entry plans are in place so that the transition back to school is smooth.

As we move closer to fall, there may be a need to implement additional safety requirements that are a departure from the guidance in this document when necessary to safeguard student health. Consider a remote learning option whereby students who have sufficient access to broadband may participate from home. Those students who do not would report to the school building for access. (Students who require direct services can also report to the school building).

Our teachers and school personnel are key to the safety and well-being of thousands of students in our state, yet we will need to remain vigilant and flexible. Counties must have contingencies in place to deliver instruction in person, via a hybrid model or through a full remote delivery model. Through our combined and unifying efforts, following these requirements and recommendations of this document, we will be safer, healthier and better prepared to thrive in the midst of this pandemic.

Focus Areas

In addition to the considerations herein, the West Virginia Department of Education has convened an Advisory Council consisting of more than 40 collaborative partners. Working within nine focus areas, the Council remains engaged to assist counties in developing recovery and re-entry plans and strategies for fall 2020 and beyond.



For complete details visit wvde.us/covid19

MINIMIZING EXPOSURE: A CRITICAL COMPONENT OF RE-ENTRY

Face Coverings and Social Distancing

According to national and local health experts, face coverings and social distancing significantly reduce the spread of COVID-19 by preventing people from contracting and transmitting the disease. It is important to note that most guidance (locally and nationally) either requires or strongly recommends the use of face coverings in public. The science continues to support the same as these items reduce air droplets produced when people speak, sing, yell, cough and sneeze. This document reinforces the importance of face coverings when it is possible and when it does not aggravate existing health conditions. Not all students can use these because of their age or developmental constraints. However, the West Virginia Department of Education has outlined requirements and recommendations for face coverings to best protect public health in our schools. This is especially important when children are in congregant settings, unable to exercise six feet of social distancing and/or when there are active cases of COVID-19 in the school community. In counties where there are and have been very few cases of COVID-19, there may be no need to implement more stringent requirements. However, counties with significant numbers of cases may choose to require additional measures to safeguard students and staff.

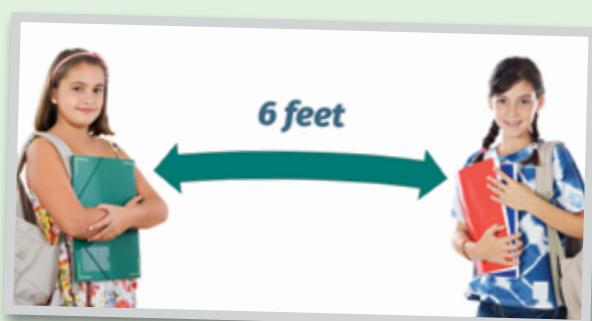
Further Protocols for County Boards of Education

- › Face coverings are required of all staff when they cannot provide instruction in a socially distanced manner.
- › Unless medically waived, students grades 3 and above are required to wear face coverings when outside of their core classroom group or in congregant areas.
- › Any student who cannot wear a mask or face shield due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability, and students who would be unable to remove a mask without assistance are not required to wear face coverings. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask; however, individuals should consider using another type of face covering such as a plastic face shield.
- › Students in middle and high school are required to wear face coverings in congregant areas and in classrooms if they are not in their core groups and/or social distancing cannot be maintained.

***Due to the fluid nature of the COVID-19, requirements and recommendations on all protocols are subject to change.**

Schools and counties are required to:

- › Provide social distancing floor/seating markings in waiting and reception areas.
- › Mark or designate six feet of spacing to remind students and staff to always stay six feet apart in lines and at other times when they may congregate.
- › Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing.
- › Limit nonessential visitors and activities involving external groups or organizations.
- › Monitor arrival and dismissal of students to discourage congregating and ensure students report directly to classrooms or designated areas.
- › Develop policies and procedures to address appropriate social distancing to accommodate essential parent/guardian meetings, such as IEPs, disciplinary action, etc.



It is recommended that schools and counties:

- › Minimize opportunities for sustained exposure (15 minutes or more) by ensuring sufficient social distancing with at least six feet between people whenever possible (e.g., adequate space exists in hallways, classrooms are large enough or class sizes are small enough, students and staff utilize large outdoor spaces).
- › Provide frequent reminders for students and staff to stay at least six feet apart from one another.
- › When feasible, arrange desks or seating so that students are separated from one another by six feet. If it is not possible to arrange seating six feet apart, consider having all students sit facing the same direction (i.e., all sitting on the same side of a table).
- › Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- › Designate entrance and exit doors for classrooms and restrooms to reduce people meeting face-to-face.

“The return to school requires that we prepare for extenuating challenges. Trauma, academic loss and the transition back to the structure of the classroom are among the issues we must address.”

— Dave Perry, President, West Virginia Board of Education

- › Keep students and teachers in small core groups as much as possible during the day, and from day-to-day. Limit mixing between core groups (e.g., during recess, lunch, arrival and dismissal).
- › Suspend activities that involve bringing together large groups of people or activities that do not allow for social distancing, including assemblies, large groups using playground equipment simultaneously, etc.
- › Whenever possible, conduct events such as field trips, parents/family meetings, assemblies and performances virtually.

Best Health Practices in Your School



Social Distancing



Wear Face Coverings



Wash or Sanitize your Hands



Do Not Share Pens/Writing Utensils



Do Not Touch your Face



Cough/Sneeze into your Elbow or Tissue



Do Not Come to School if you are Ill

COUNTY CONSIDERATIONS FOR SCHOOL RE-ENTRY

School attendance might look different from county to county, however, the need to minimize possible exposure to COVID-19 must be a consistent priority. County boards of education are presently undertaking the important task of developing school re-entry plans that best address the needs and safety of their students in the midst of the COVID-19 pandemic. School days for the upcoming school year are likely to look very different than they have in the past and county decision-makers will unequivocally need flexibility to create engaging learning schedules, situations and environments. The number and length of in-person instructional days is a decision counties will have to make to best accommodate capacity issues and the necessary cleaning and disinfecting of school facilities. This may be accomplished during a traditional school day schedule, or during a blended school day schedule. The West Virginia Department of Education has proposed various scenarios and considerations that counties may contemplate when determining what their particular school days will look like for the upcoming school year, but county boards of education will make the determination of what the school day looks like within their boundaries.

School Re-entry Scenarios



In-person and/or Blended Instruction

Scenarios for in-person instruction are designed to create options for counties to make local decisions that best meet the needs of their students. County superintendents working with stakeholders and boards of education will decide the structure of the school schedule. Whether it be reduced days each week or reduced hours each day, re-entry plans must engage all students in learning five days a week.*

If utilizing a blended model for learning, schools must consider developmental appropriateness of schedules and use of technology as well as equity and access to broadband.

Existing Virtual Options

In 2017 legislation was passed allowing for districts to offer full-time virtual options to their students. Districts can establish their own virtual school program or can partner with other counties or the WVDE for virtual offerings. All West Virginia counties are to have a full-time virtual option in place no later than July 1, 2020. Because students participating in a virtual school option are considered public school students, counties will not lose state aid funding should a student elect to use this option.

Counties should make certain that virtual school information is readily available to students and parents. In contemplating this option, consideration will need to be given to internet access and available technology.

Click [here](#) for additional Virtual School information

*Based on W.Va. Code §18-5-44, West Virginia Universal Pre-K may operate a 4- or 5-day model.

For complete details visit wvde.us/covid19



or

Remote Learning

Districts must be prepared to implement full remote learning should it be required by the Governor. Full remote learning plans require students to complete school assignments and engage remotely five days a week. This will require the teacher and students to communicate regularly and develop a process for monitoring, reviewing and/or grading of student engagement activities.



In-Person and/or Blended Instruction

Pre-K through Grade Five

- › Keep students with a core group throughout the school day and limit contact with other students (in hallways, restrooms, etc.).
- › Consider providing meals to students in the classroom; this time can be counted as instructional time because of the learning that takes place during the meal process. If the cafeteria is used, it must operate at 50 percent capacity or below and within social distancing guidelines.
- › Increase time for outdoor recess and/or instructional class time as playground/outdoor space allows.
- › Provide related arts instruction in the classroom or outside to minimize contact with other students.

Grades Six through Twelve

- › Consider a schedule that minimizes hallway transition time for both students and staff.
- › Consider creative means and alternative delivery methods of offering physical education instruction and scheduling music courses so that age-appropriate social distancing is maintained and the spread of respiratory droplets is reduced.
- › Consider increasing the number of lunch periods to allow for greater social distancing during lunch.
- › Consider a remote learning option whereby students who have sufficient access to broadband may participate from home. Those students who do not would report to the school building. (Students who require direct services report to the school building).



Remote Learning

If the prevalence of COVID-19 significantly increases to the point the Governor would need to suspend in-person instruction, either on a statewide or regional basis, counties must be prepared to implement remote delivery of instruction. Plans for remote learning and meal delivery should be developed now in hopes of a seamless transition. Remote learning plans should include daily communication between teachers and students to the extent possible, and processes for monitoring, reviewing and/or grading student engagement activities.

Counties should also be prepared to transition to remote delivery in the event a COVID-19 outbreak requires the temporary, short-term closure of a particular school. This plan should include a process for notifying parents of the closure, providing timely information about school reopening and plans for engaging students during the short-term closure.



Regardless of the re-entry scenario chosen by a county or school, these health and wellness issues must be addressed.

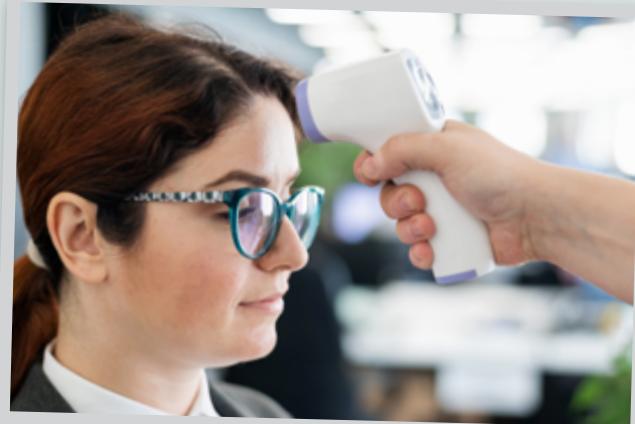
Monitoring and Handling of Presumptive, Suspected & Confirmed COVID-19 Cases

Schools and counties are required to:

- › Post signage at the main entrance requiring that people who have been symptomatic with fever and/or cough not enter. Signage will be provided by the West Virginia Department of Education. ([see Resources pages 21-24](#))
- › Educate staff, students and their families about the signs and symptoms of COVID-19, when they should stay home and when they can return to school.
- › Establish and enforce wellness policies to prevent the spread of disease, including:
 - Require staff to stay home if sick; and
 - Allow flexibility with leave policies as provided by the Families First Coronavirus Response Act for Paid Sick Leave and Expanded FMLA.
- › Establish a dedicated space for symptomatic individuals that will not be used for other purposes.
- › Immediately isolate symptomatic individuals to the designated area at the school and send them home to isolate.
- › Ensure symptomatic students remain under visual supervision of a staff member who is at least six feet away. The supervising adult should wear an appropriate face covering.
- › Require the symptomatic person to wear a cloth face covering or a surgical mask while waiting to leave the facility when age and health appropriate.
- › Cloth face coverings should not be placed on:
 - Anyone who has trouble breathing or is unconscious;
 - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance; and/or
 - Anyone who cannot tolerate a cloth face covering because of developmental, medical or behavioral needs.
- › Conduct symptom screening of any visitors entering the building, including family members, vendors and others. Screening may be provided at the school entrance or at the main office.
 - Individuals waiting to be screened must stand six feet apart from each other. Use tape or other markers on the floor for spacing.
 - The staff member responsible for screening temperatures must wear a cloth face covering and must stay six feet apart unless screening temperature.
 - Use a touchless thermometer if one is available.
 - If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer.

Use disposable thermometer covers that are changed between individuals.

 - Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.
 - Staff member must wash hands or use hand sanitizer before touching the thermometer.
 - Staff member must wear gloves if available, change between direct contact with individuals, and must wash hands or use hand sanitizer after removing gloves and between direct contact with individuals.
 - Staff member must clean and sanitize the thermometer using manufacturer's instructions between each use.



- › Ensure teachers utilize the age-appropriate Symptom Screening Checklist for students. ([see Resources pages 19-20](#))
 - For teachers of students in grades pre-k-2, the checklist should be used in conjunction with teacher observation & monitoring of student's appearance, activity and level of engagement.
- › Require school nurses or delegated school staff who provide direct patient care to wear appropriate protective gear and perform appropriate hand hygiene.
- › Once a symptomatic person is removed from the school, implement cleaning and disinfecting procedure following CDC guidelines.
- › Have a plan for how to transport an ill student or staff member home or to medical care.
- › Adhere to the following process for allowing a student or staff member to return to school:
 - If a person has had a negative COVID-19 test, they can return to school once there is no fever (without the use of fever reducing medicines) and they have felt well for 24 hours.
 - If a person is diagnosed with COVID-19 by a medical professional based on a test or symptoms or does not seek medical attention and has symptoms, he or she should not be at school and should stay at home until he or she (or a family member if younger child) can answer YES to the following questions:
 - » *Has it been at least 10 days since the individual first had symptoms?*
 - » *Has it been at least three days since the individual had a fever (without using fever reducing medicine)?*
 - » *Has it been at least three days since the individual's symptoms have improved, including cough and shortness of breath?*
- › Notify local health authorities of confirmed COVID-19 cases among children and staff.
- › Ensure that if a person with COVID-19 was in the school setting while infectious, school administrators coordinate with local health officials to notify staff and families immediately while maintaining confidentiality in accordance with FERPA and all other state and federal laws.

Protecting Vulnerable Populations

Schools and counties are required to:

- › Systematically review all current health plans for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk of exposure to COVID-19.
- › Create a self-referral process for students/families at high risk for COVID-19 and have a plan in place to address requests for remote learning (e.g., Virtual School, homebound).
- › Obtain complete health histories and current well-child checks for all students entering pre-k, kindergarten, grade 2, grade 7 and grade 12. Be alert for any conditions or chronic illnesses that may exacerbate symptoms of COVID 19.
- › Consider ways to accommodate the needs of children who are medically fragile, have underlying medical conditions and/or are prone to illnesses.
- › Ensure health records and emergency contacts for students and staff are updated.



West Virginians have worked together during this pandemic to reduce the spread of the virus and protect the public's health. As we return to school, this same diligence will be important to continue as we move forward.

— Bill J. Crouch

Cabinet Secretary of the West Virginia Department of Health and Human Resources

It is recommended that schools and counties:

- › Implement a remote learning option for students who have been identified by their physician as unable to be in a traditional classroom setting because of high-risk status for severe illness.
- › Inventory and provide students, school health personnel, staff and others presenting with symptoms with any necessary protective equipment and disinfecting supplies.
- › Review health policies and practices to determine requests and/or changes in practices.

Social-Emotional Wellness

Fear and anxiety about COVID-19 can be overwhelming. The precautions that continue to be in place to slow the spread of the virus and the uncertainties these precautions may create can give rise to unexpected emotions in both children and adults. County school districts and individual schools must prioritize efforts to address social-emotional learning and the mental health needs of students. Additionally, students, their families and school staff must feel their physical and mental health needs are being supported. Schools play a critical role in supporting the social-emotional well-being of students, their families and school staff. County school districts must ensure all policies and procedures are culturally sensitive and ensure equity and access for all.

Schools and counties are required to:

- › Convene a crisis response planning team meeting to update and revise the [West Virginia Schools Crisis Prevention and Response Plan](#) through collaborative planning. (Refer to [Crisis Response Plan Template Overview/Instructions](#) for more information.)
- › Develop a mental health crisis response team that is prepared to provide mental health supports in response to a crisis.
- › Provide access to professional student support staff, including school counselors, school psychologists and school nurses.
- › Implement a continuous advisory system that provides students with meaningful supportive relationships and maximizes each student's personalized learning experience.
- › Provide an integrated delivery of social-emotional standards ([West Virginia College and Career Readiness Dispositions and Standards for Student Success](#)).

It is recommended that schools and counties:

- › Develop a plan/protocol to ensure students feel safe, welcome and connected to at least one caring adult in the school.
- › Engage in resource mapping to identify available resources and needs. This process should include an examination of existing school-based teams.
- › Establish a school mental health resource team focused on the physical, social-emotional and mental health wellness of students, staff and families. School counselors, school psychologists, school nurses and social workers are trained to provide social-emotional and mental health supports to students.
- › Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals.
- › Establish partnerships with community agencies to provide additional mental health services, as needed.



The voices of educators who know their schools and students best are critical for creating effective plans for keeping students, educators, and communities safe and ensuring learning can occur.”

— National Education Association

- › Develop a protocol to connect with at-risk students (those with previously identified mental health issues and/or those most affected by COVID-19).
- › Clearly communicate re-entry plans with students, families and school staff. Identify and address concerns related to re-entry.
- › Ensure discipline policies utilize a trauma-informed approach and school personnel are provided with professional learning opportunities (i.e. trauma-informed schools, Youth Mental Health First Aid) so they are better equipped to support students, families and each other.
- › Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and during long-term support).
- › Address school staff needs:
 - Provide resources for staff self-care, compassion fatigue prevention and resiliency.
 - Provide information about employee assistance programs available through PEIA and in your community. The UnitedHealth Group provides the Optum Emotional-Support Help Line (866-342-6892) free of charge and open to all PEIA members (Available 24 hours a day, seven days a week).

Cleaning & Hygiene

Schools and counties are required to:

- › Provide adequate supplies to support healthy hygiene behaviors (e.g., paper towels, tissues, soap and hand sanitizer with at least 60% alcohol) for safe use by staff and older children.
 - Provide hand sanitizer with at least 60% alcohol for safe use by staff and older children at entrances, exits, classrooms and the cafeteria.
- › Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer with at least 60% alcohol by staff and older children.
- › Increase monitoring to ensure adherence to safety measures among students and staff.
 - Supervise use of hand sanitizer by students.
 - Ensure children with skin reactions to hand sanitizer use soap and water.
 - Reinforce handwashing during key times such as, before, during and after preparing food; before eating food; after using the toilet; after blowing nose, coughing, or sneezing; after using bare hands to touch objects that have been handled by other individuals.
- › Require hand cleaning when entering each classroom.
- › Systematically and frequently check and refill hand sanitizers.
- › Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue.
- › Ensure that used tissues are thrown in the trash and hands are washed immediately with soap and water for at least 20 seconds or cleaned with hand sanitizer.
- › Ensure that proper cleaning and disinfection of high-touch surfaces occurs frequently throughout the day.
- › Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, light switches, desks, tables, chairs, kitchen countertops, cafeteria and service tables, carts, and trays) with an [EPA Approved Disinfectant](#) for SARS-CoV-2 (the virus that causes COVID-19), and increase frequency of disinfection during high-density times.



- › Disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.
- › Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission and do not require additional cleaning or disinfecting procedures.
- › Ensure safe and correct use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing adequate ventilation when staff use such products.
- › Develop processes to keep students' personal items separate and limit shared spaces (i.e., lockers).
- › Limit sharing of personal items and classroom materials to small groups and disinfect between uses or provide adequate supplies for individual student use.

It is recommended that schools and counties:

- › Utilize existing cleaning products to the extent possible because of allergies/sensitivities of chemicals.
- › Avoid shared use of soft or other items that cannot be easily cleaned and disinfected (e.g., stuffed toys, clay).
- › Provide additional options for handwashing stations by maximizing the number of available sinks (e.g., classroom sinks, all restrooms, portable handwashing stations).
- › Water bottle filling stations are preferred and the use of water fountains should be limited.
- › Develop a means for students and staff to report areas of concern regarding cleanliness/sanitation of the building.
- › Ensure disinfectants are approved by manufacturers to be sprayed on surfaces (e.g., paint sprayers, backpack sprayers).
- › Eliminate use of shared art supplies, toys, games, etc. by creating student-specific groups of materials.

“Taking the appropriate protective measures becomes so important at this time. We believe that we can accomplish a safe return to the classroom, but we must all work together to do so.”

— Dr. Clay Marsh, West Virginia Coronavirus Czar

General precautions for the custodial staff after an ill student has been in your facility

The risk of getting COVID-19 from cleaning is low. The following are general precautions for custodial staff, when a known case of COVID-19 has occurred:

- › Staff should not touch their face while cleaning and must wash hands after cleaning.
- › Custodial staff should wear disposable gloves when cleaning and handling trash.
- › Custodial staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- › Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively and to safely clean up potentially infectious materials and body fluids - blood, vomit, feces, and urine.

When a student or staff member is a suspect or positive case of COVID-19

As long as routine cleaning and disinfection has been done regularly, additional cleaning and disinfection may not be necessary. Depending on when a person with COVID-19 was last in the facility, it may be difficult to know what areas they were in and what objects or surfaces they may have touched after they became sick.

Water & Ventilation Systems

When reopening a building after it has been closed for a long period of time, reduced use of water and ventilation systems can pose health hazards. There is an increased risk for Legionella and other bacteria to form in stagnant or standing water.

It is recommended that schools and counties:

- › Implement guidelines found in the [CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown to minimize the risk of diseases associated with water & ventilation systems.
- › Inspect ventilation systems for proper operation and maximum circulation of outdoor air.

School Food Service

The following protocols are established for school food service consistent with statewide guidance for safely opening restaurants issued under the current State of Emergency declaration on June 2, 2020, by the West Virginia Department of Health and Human Resources, Bureau for Public Health.

Schools and counties are required to:

- › Establish lunch schedules and procedures that maintain cafeteria capacity at a 50% maximum threshold including:
 - Spaced meal serving lines (marked on floors);
 - Spaced seating; and
 - Longer meal periods for more staggered meal delivery.
- › Coordinate food service operations with teachers and administrators.
- › Ensure that all food service employees wear cloth or disposable face coverings at all times, to the greatest extent possible. Such coverings shall be cleaned or replaced daily. Reasonable accommodations will be made for employees who cannot wear a mask because of a specialized health condition; medical support documentation may be required by the employer to better understand what accommodation is appropriate. Local health departments can also be resources in exploring acceptable solutions.
- › Thoroughly detail, clean and sanitize the entire cafeteria facility before resuming dine-in services and continue to do so regularly. Focus such cleaning and sanitation on high-contact areas that would be touched by employees and students by always doing the following:
 - Procure and utilize cleaning products and protocols that include EPA-approved disinfectants that meet CDC requirements for use and effectiveness against viruses, bacteria and other airborne and blood-borne pathogens. For more information, please refer to the CDC guidelines on disinfecting buildings and facilities.
 - Between school meal services, clean and sanitize commonly touched areas such as tables and seats.
 - Implement procedures to increase the frequency for cleaning and sanitizing surfaces in the kitchen. Avoid all food contact surfaces when using disinfectants.
- › Discard any single-use items left in the meal service area by students.
- › Ensure food preparation and distribution models are in place that adhere to social distancing guidelines.
- › Place designated trash bins where students can dispose of items at the end of the meal service in a manner that adheres to proper social distancing guidelines.



While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling.

— American Federation of Teachers

- › Serve milk and water to students in individual bottles. If students will be reaching into a cooler to grab their own milk or water, the cooler must be cleaned and sanitized between dining groups. Beverage dispensers with buttons or leavers (such as a water cooler) should be cleaned at the same frequency.
- › Eliminate self-service food stations for food, condiments and utensils.
- › Eliminate family-style meal service (i.e., in pre-k collaborative settings within the school system). Meals will be distributed to students by a school employee following proper food safety guidelines.
- › Eliminate share tables until the State of Emergency is lifted related to the COVID-19 pandemic or otherwise directed by the Governor's Office.
- › Ensure that all students and staff wash their hands before and after the meal service.
- › Ensure that USDA Civil Rights requirements (i.e., special diets, protected classes) are followed.
- › Develop meal service contingency plans for remote learning scenarios.
- › Audit necessary supplies to ensure that schools are prepared to operate alternative serving models (i.e., serving meals in the classroom, disposable food service items).
- › Establish procedures and protocols to ensure students have access to school meals during unanticipated school closures. Counties should include, at a minimum, the following topics:
 - Procurement of food
 - Food distribution options
 - Staffing and volunteers
 - Transportation

It is recommended that schools and counties:

- › Where practicable, install physical barriers such as partitions or plexiglass in meal service and/or point-of-service areas.
- › Provide handwashing stations when feasible.
- › Use disposable containers and utensils when feasible.
- › Utilize classroom dining options when practicable and adhere to cafeteria capacity limits as determined by the Bureau for Public Health (current cafeteria capacity limits are 50%).
- › Utilize outdoor space for meal service as practicable and appropriate.



Transportation

Schools and counties are required to:

- › Require bus drivers to wear face coverings/shields any time children are entering or exiting the bus.
- › Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) before all routes.
- › Fully clean and disinfect transportation vehicles regularly and/or as needed. Children must not be present when a vehicle is being cleaned.
- › Develop procedures for the proper disposal and/or laundering of cleaning supplies after use.
- › Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- › Clean, sanitize and disinfect equipment including items such as car seats, wheelchairs, walkers and adaptive equipment being transported to schools.
- › Ensure safe and correct use and storage of cleaning and disinfectant products, including storing products securely away from children and providing adequate ventilation when staff use such products.
- › Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
 - Hand sanitizer should only remain in school vehicles while they are in use as heat and direct sunlight can degrade its effectiveness.
 - Systematically and frequently check and refill hand sanitizers.
- › Require teachers and students to view "[Safe Bus Loading & Unloading Procedures](#)" video to address best practices related to transportation safety.
- › Develop seating arrangements and protocols to limit the number of students to no more than two per seat. Face coverings are recommended. The school county may provide face coverings for students if they do not have one.



It is recommended that schools and counties:

- › Utilize seating arrangements that require siblings and/or any students who cohabit to sit together. Students living in the same household may be permitted to sit three to a seat, when possible. Keep bus stop groups of students together in the same section of the bus. WVBE Policy 2525 stipulations for pre-k students still apply.
- › Design appropriate bus loading and unloading procedures and/or seating charts to minimize contact between students.
- › If appropriate and safe, consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation.
- › Evaluate each bus route to safely maximize occupancy and capacity to ensure bus loads are equalized.
- › Create a contingency plan for the transportation of students who may experience any COVID-19 symptoms during the course of the school day.
- › When feasible, utilize procedures for loading and unloading buses to limit the number of students entering/ exiting the building at one time.

COMMUNICATIONS

It is important that education staff, families, students and communities receive information from reputable and reliable sources. Credible information is available at wvde.us/COVID19, coronavirus.wv.gov and cdc.gov.

Schools and counties are required to:

- › Develop reliable communication channels that accommodate all families regardless of technology accessibility. This should include online communications, emails, robocalls, personal phone calls, texts, newsletters (electronic and paper).
- › Survey families to learn how to best communicate with them.
- › Provide an email or phone number that is monitored regularly that families and community members may use to submit questions.
- › Provide timely updates to the community for the upcoming school year including when school begins, what the school day will look like, what safety precautions are in place, additional requirements of students and important screening protocols.
- › Be transparent and timely in updating families and communities.

It is recommended that schools and counties:

- › Use age-appropriate assets such as videos, posters, flyers, social media posts, email graphics, newsletters and other resources to educate students about COVID-19 best practices and information.
- › Partner with local media outlets to provide weekly updates to the larger community.
- › Involve Local School Improvement Councils (LSICs) and parent and/or community/church organizations to share updates and information.

TOPICAL RESOURCES

Resources for Protecting Vulnerable Populations:

- › Centers for Disease Control and Prevention <https://www.cdc.gov/>
- › COVID-19 School Re-entry Recommendations & Guidelines, West Virginia Association of School Nurses (attached PDF)
- › National Association of School Nurses Coronavirus Disease 2019 Resources <https://www.nasn.org/nasn-resources/practice-topics/covid19>
- › West Virginia Department of Health & Human Resources (COVID-19) <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

Resources for Social-Emotional Wellness

- › Collaborating for Student Success: [Understanding the Roles of Student Support Personnel](#) (WVDE)
- › Social-emotional Learning for Parents (CASEL video) <https://www.youtube.com/watch?v=y2d0da6BZWA&t=289s>
- › West Virginia Department of Education: ReClaimWV wvde.us/reclaimwv/
- › West Virginia Positive Behavioral Interventions and Supports <http://wvpbis.org/>
- › West Virginia Behavior and Mental Health Technical Assistance Center <https://www.marshall.edu/bmhtac/request-for-assistance/>
- › West Virginia Safe Schools Toolkit <https://wvde.us/leadership-system-support/safe-supportive-schools/safe-schools-toolkit/>
- › West Virginia Handle With Care <http://handlewithcarewv.org/>

Resources for School Food Service

- › West Virginia Food Code
 - Permit holders are required to follow directives of the regulatory authority in response to public health emergencies. 8-304.11 <https://www.wvdhhr.org/phs/food/index.asp>
- › West Virginia Code 21-3A-1A (Article 3: Safety and Welfare of Employees)
 - <http://www.wvlegislature.gov/wvcode/code.cfm?chap=21&art=3>

Resources for General Public Health and Safety Protocols

- › The American Academy of Pediatrics <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- › The Journal of the American Medical Association <https://jamanetwork.com/journals/jama/fullarticle/2766822>

SCHOOLS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Is the school ready to protect children and employees at [higher risk](#) for severe illness?
- ✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ALL YES



Are recommended health and safety actions in place?

- ✓ Promote [healthy hygiene practices](#) such as [hand washing](#) and [employees wearing a cloth face covering](#), as feasible
- ✓ Intensify [cleaning, disinfection](#), and ventilation
- ✓ Encourage [social distancing](#) through increased spacing, small groups and limited mixing between groups, if feasible
- ✓ Train all employees on health and safety protocols

ALL YES

Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for [signs and symptoms](#) of students and employees daily upon arrival, as feasible
- ✓ Encourage anyone who is sick to [stay home](#)
- ✓ Plan for if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor student and employee absences and have flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ALL YES

OPEN AND MONITOR

ANY NO



DO NOT OPEN

ANY NO



**MEET
SAFEGUARDS
FIRST**

ANY NO



**MEET
SAFEGUARDS
FIRST**

cdc.gov/coronavirus



ELEMENTARY SCHOOL STUDENTS

The person conducting screenings should maintain a six-foot distance while asking questions. Ask the person dropping off the child the following questions before entering the facility or school transportation vehicle. If no person accompanies the child during drop-off, use your best judgment if the child can respond on their own.

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.

- 1. Have any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?**
 - Yes → The child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
 - No → The child can be at school if the child is not experiencing symptoms.

- 2. Do any of the children you are dropping off have any of these symptoms?**
 - Fever
 - Chills
 - Shortness or breath or difficulty breathing
 - New cough
 - New loss of taste or smell

If a child has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

- 3. Since they were last at school, have any of the children you are dropping off been diagnosed with COVID-19?**
 - Yes If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.
 - No

Returning to School

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 3 days since the child had a fever (without using fever-reducing medicine)?
- Has it been at least 3 days since the child's symptoms have improved, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.



MIDDLE & HIGH SCHOOL STUDENTS OR ANY PERSON ENTERING THE BUILDING

The person conducting screenings should maintain a six-foot distance while asking questions. Ask each person entering the building the following questions prior to entering the facility or school transportation vehicle.

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.

- 1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?**
 - Yes → The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
 - No → The person can be at school if they are not experiencing symptoms.

- 2. Since you were last at school, have you had any of these symptoms?**

- Fever
- Chills
- Shortness or breath or difficulty breathing
- New cough
- New loss of taste or smell

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

- 3. Since you were last at school, have you been diagnosed with COVID-19?**

<input type="checkbox"/> Yes	If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.
<input type="checkbox"/> No	

Returning to School

A person can return to school when a family member can ensure that they can answer YES to ALL three questions:

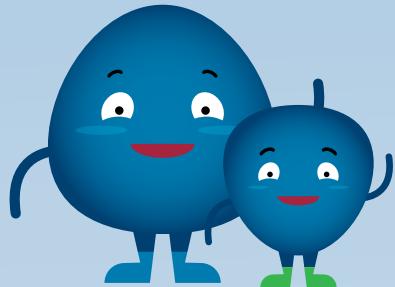
- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 3 days since the child had a fever (without using fever-reducing medicine)?
- Has it been at least 3 days since the child's symptoms have improved, including cough and shortness of breath?

If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

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COVID-19 SHOULD I COME TO SCHOOL?



HOW TO SCREEN FOR COVID-19

IF I HAVE:

1 NO SYMPTOMS

THEN:



Proceed to school

2 EXPOSURE, NO SYMPTOMS



Cannot go to school

Home for 14 days since exposure

3 DIAGNOSIS, NO SYMPTOMS



Cannot go to school

Home for 10 days since first positive COVID-19 test

4 AT LEAST 1 SYMPTOM

- Fever
- Chills
- Shortness of breath/ breathing difficulty
- New cough
- New loss of taste or smell



Cannot go to school

Home until:

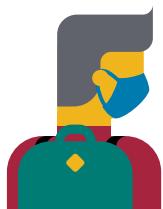
- 10 days since first symptoms
- No fever for 3 days (without fever medicine)
- 3 days of symptom improvement, including coughing and shortness of breath



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COVID-19 SHOULD I COME TO SCHOOL?



HOW TO SCREEN FOR COVID-19

IF I HAVE:

THEN:

1 NO SYMPTOMS

Proceed to school

**2 EXPOSURE,
NO SYMPTOMS**

Cannot go to school
Home for 14 days since exposure

**3 DIAGNOSIS,
NO SYMPTOMS**

Cannot go to school
Home for 10 days since first positive COVID-19 test

4 AT LEAST 1 SYMPTOM

- Fever
- Chills
- Shortness of breath/ breathing difficulty
- New cough
- New loss of taste or smell

Cannot go to school

Home until:

- 10 days since first symptoms
- No fever for 3 days (without fever medicine)
- 3 days of symptom improvement, including coughing and shortness of breath



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BEST HEALTH PRACTICES IN YOUR SCHOOL



6 ft.



Maintain six feet of social distance

Strongly suggest a face mask or face covering



Clean hands with soap and water or hand sanitizer

Avoid touching your face



Do not share pens/ writing utensils



Cough/sneeze into your elbow or a tissue



Do not come to school if you're feeling sick



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For complete details visit wvde.us/covid19